

*[Date]*

*[Identified Individual]  
[Street]  
[City, State, Zip Code]*

**Re: Consolidated Omnibus Reconciliation Act (COBRA) Temporary Premium Subsidy Pandemic Relief**

*Dear [Name of identified individual]*

You have been identified as possibly meeting the criteria to be an assistance eligible individual (AEI) under the American Rescue Plan Act of 2021 (ARPA), signed into law by President Biden on March 11, 2021, to provide economic pandemic relief. This act requires employers to pay 100 percent of the monthly COBRA premiums for a maximum of six months from April 1, 2021, through September 30, 2021, as a provision of a temporary COBRA subsidy.

Please complete the COBRA Continuation Coverage Election Form located on the enclosed Model Notice in Connection with Extended Election. Additionally, if you are not currently enrolled in a health, dental or vision plan through COBRA, please complete the enclosed Dental Plan Enrollment Authorization (STD 692) Basic Vision Enrollment Authorization (STD 700), Premier Vision Enrollment Authorization (CalHR 774) and/or Health Benefits Plan Enrollment Form (HBD 12). Return all signed documents to *[Insert name and address]* by *[Insert date]*.

If you are currently enrolled in COBRA coverage, you are still required to pay 102 percent of the premium (full premium amount plus a two-percent administration fee) until such time as you are approved for the subsidy. The subsidy will continue until exhaustion of your COBRA maximum coverage period or when the subsidy expires, whichever occurs first. For more information, visit the [COBRA](#) web page.

Please contact *[Insert departmental personnel office contact information]* with any questions.

Sincerely,

*[Insert departmental personnel office staff name]*

Enclosures